

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS679HPC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2009
NAME OF PROVIDER OR SUPPLIER NEW HOPE HOSPICE OF NEVADA, IN		STREET ADDRESS, CITY, STATE, ZIP CODE 8 SUNSET WAY, SUITE 101 HENDERSON, NV 89014		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 27286 This Statement of Deficiencies was generated as a result of a focused State Licensure survey conducted at your agency on October 7, 2009 and finalized on October 8, 2009 in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevention of such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Ten patient records were reviewed. Eight employee files were reviewed.</p> <p>The following deficiencies were identified:</p>	L 000		
L 057 SS=F	<p>449.0184 GOVERNING BODY REQUIRED; DUTIES OF GOVE</p> <p>Every facility which provides a program of hospice care must have a governing body which shall:</p> <p>2. Ensure that all services provided by the program of hospice care are consistent with accepted standards of practice for the care of the patients.</p> <p>This Regulation is not met as evidenced by:</p>	L 057		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 057	Continued From page 1 Surveyor: 26251 Based on clinical record review, the agency failed to conduct the maximum number of ordered visits within an ordered visit range, and in some cases, the agency conducted visits that exceeded those ordered, for 8 of 8 patients (Patients #1-8). Based on employee file review, agency policy review and staff interview, the agency lacked a job description for Employee #1, #3 and #6, lacked a signed orientation check list for Employee #1, and lacked proof of 12 hours per year of inservice education for Employee #4. Severity: 2 Scope: 3	L 057		
L 063 SS=F	449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE A program of hospice care must comply with the following requirements: 6. The services of: (a) A physical therapist; (b) An occupational therapist; and (c) A speech pathologist, must be provided when such services are prescribed for a patient by his physician. This Regulation is not met as evidenced by: Surveyor: 26251 Based on contract record review and interview, the agency failed to employ or provide contracts for an occupational therapist and a speech and language pathologist to provide therapy services to patients of the program. Severity: 2 Scope: 3	L 063		

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